

Department of Mental Health
TRANSMITTAL LETTER

SUBJECT

**Providing Access and Services to Individuals
with Co-occurring Substance Use Disorders**

POLICY NUMBER

DMH Policy 200.4

DATE

SEP 22 2003

TL#

30

Purpose. To set forth a policy that ensures that individuals with mental illnesses who are eligible for mental health services and who have co-occurring substance use disorders (SUD) will be welcomed for service at any service delivery setting, whether that setting is directly operated by DMH or operated under DMH contract or subcontract with a mental health service provider. This policy also requires that consumers be proactively engaged in an empathic, hopeful, integrated, and continuing treatment relationship to promote improved outcomes for both disorders over time.

Applicability. Applies to agencies that provide services to adults and children with mental illness who have a co-occurring SUD as follows: core services agencies, Saint Elizabeths Hospital, DMH contractors who provide mental health treatment including residential treatment facilities, all other providers of mental health services or mental health supports that are certified by DMH; and to the Mental Health Authority.

Policy Clearance. Reviewed by affected responsible staff and cleared through appropriate MHA offices and DMH Policy and Planning Committee.

Implementation Plans. A plan of action to implement or adhere to this policy must be developed by designated responsible staff. If materials and/or training are required to implement this policy, these requirements must be part of the action plan. Specific staff should be designated to carry out the implementation and program managers are responsible for following through to ensure compliance. Action plans and completion dates should be sent to the appropriate authority. Contracting Officer Technical Representatives (COTRs) must also ensure that contractors are informed of this policy if it is applicable or pertinent to their scope of work. *Implementation of all DMH policies shall begin as soon as possible. Full implementation of this policy shall be completed within sixty (60) days after the date of this policy.*

Policy Dissemination and Filing Instructions. Managers/supervisors of DMH and DMH contractors must ensure that staff are informed of this policy. Each staff person who maintains policy manuals must promptly file this policy in Volume I of the blue **DMH** Policy and Procedures Manual, and contractors must ensure that this policy is maintained in accordance with their internal procedures.

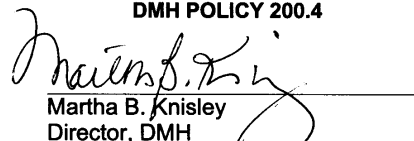
*If any CMHS or DMH policies are referenced in this policy, copies may be obtained from the DMH Policy Support Division by calling (202) 673-7757.

ACTION


REMOVE AND DESTROY

INSERT

DMH POLICY 200.4


Martha B. Knisley
Director, DMH

Government of the District of Columbia

GOVERNMENT OF THE DISTRICT OF COLUMBIA  DEPARTMENT OF MENTAL HEALTH	Policy No. 200.4	Date SEP 22 2003	Page 1
	Supersedes None		

Subject: Providing Access and Services to Individuals with Co-occurring Substance Use Disorders

1. **Purpose.** To set forth a policy that ensures that individuals with mental illnesses who are eligible for mental health services and who have co-occurring substance use disorders (SUD) will be welcomed for service at any service delivery setting, whether that setting is directly operated by DMH or operated under DMH contract or subcontract with a mental health service provider. This policy also requires that consumers be proactively engaged in an empathic, hopeful, integrated, and continuing treatment relationship to promote improved outcomes for both disorders over time.

2. **Applicability.** Applies to agencies that provide services to adults and children with mental illness who have a co-occurring SUD as follows: core services agencies, Saint Elizabeths Hospital, DMH contractors who provide mental health treatment including residential treatment facilities, all other providers of mental health services or mental health supports that are certified by DMH; and to the Mental Health Authority.

3. **Authority.** Mental Health Service Delivery Reform Act of 2001.

4. **Background.** Co-occurring substance use disorders and mental disorders are both common and highly complex phenomena that have been estimated to affect from 7 to 10 million adult Americans in any one year. According to the U.S. Surgeon General in the 1999 report on mental health: "Forty-one to 65 percent of individuals with a lifetime substance use disorder also have a lifetime history of at least one mental disorder, and about 51 percent of those with one or more lifetime mental disorders also have a lifetime history of at least one substance use disorder". DMH endeavors to proactively promote mental health treatment and supports which effectively meet the needs of individuals with mental illnesses who have co-occurring substance use disorders. Co-occurring substance use disorders are highly prevalent, and are associated with poorer outcomes and higher costs in the service system, and therefore need to be assigned a high level of priority. Therefore, in order to improve access and treatment outcomes, DMH is requiring the system-wide use and implementation of a research-based model known as the Comprehensive, Continuous, Integrated System of Care (CCISC).

5. **Policy.**

5a. The DMH is committed to promoting quality, effective care and a welcoming atmosphere to consumers who are mentally ill who have a co-occurring substance use disorder.

5b. The DMH and all associated mental health providers, as indicated in Section 2 above, shall use the Comprehensive, Continuous, Integrated System of Care (CCISC) model (see Section 6 below) for serving individuals with co-occurring mental illness and substance use disorders.

5c. All core services agencies, Saint Elizabeths Hospital, DMH contractors who provide mental health treatment including residential treatment facilities, and all other providers of mental health services or mental health supports that are certified by DMH are defined by this policy as "co-occurring disorder or dual diagnosis programs", and shall:

- Meet minimal standards of "dual diagnosis capability" (as described in the CCISC Charter) to ensure cordial, welcoming access to care for any consumer with a co-occurring disorder;
- Provide any DMH consumer with a co-occurring disorder access to an empathic, hopeful, and integrated treatment relationship and continuing coordination of care over time; and
- Not require any person to achieve a period of abstinence from alcohol or other drugs before commencing the provision of services and treatment.

These requirements are defined in the CCISC Charter ("Charter", see Section 6 below) which describes the principles and characteristics of the CCISC model, and delineates the implementation activities required of each program. Copies of the CCISC Charter shall be given to each provider and maintained by the DMH Office of Delivery Systems Management.

6. Definitions.

6a. **Comprehensive, Continuous, Integrated System of Care (CCISC).** A research-based model for designing a system of care for individuals with co-occurring disorders. CCISC is based on the principle that dual diagnosis is an expectation associated with poor outcomes and high cost, and that consequently the system as a whole must be organized to provide welcoming, accessible, integrated, continuous, and comprehensive services for those individuals in every DMH operated, contracted, or certified service.

6b. **Co-occurring Disorder.** Any combination of any psychiatric disorder with any substance use disorder. Note that a substance-related psychiatric disorder (e.g. methamphetamine induced psychosis) is included as a psychiatric disorder for the purpose of this definition. Individuals presenting in crisis with severe psychiatric symptoms (e.g., suicidal) for whom a psychiatric diagnosis is unclear or has not yet been established, and who also have a substance use disorder, are considered as individuals with co-occurring disorders for the purpose of this policy.

6c. **Substance Use Disorder (SUD).** Includes any substance abuse, any substance dependence, defined according to the Diagnostic and Statistical Manual of Mental Disorders. Note that individuals who are seriously mentally ill can be diagnosed with substance abuse at very low levels of use, because of the increased vulnerability of the brain to substance effects in individuals with severe psychiatric disabilities.

6d. **CCISC Charter.** This document is an agreement between the Department of Health/Addiction Prevention Recovery Administration and the Department of Mental Health, containing both best practice principles as well as an action plan for implementation of CCISC.

6e. DMH – Department of Mental Health.

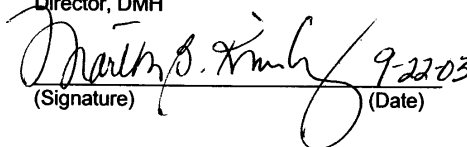
7. **Responsibilities for Mental Health Authority (MHA).** Responsibility for this policy rests with the Office of Delivery Systems Management (DSM) in consultation with the DMH Chief Clinical Officer. DSM shall:

- 7a. Inform providers of the CCISC Charter which establishes the Comprehensive, Continuous, Integrated System of Care, ensure that each provider understands that the Charter activities are an expected requirement in the DMH system, and provide them a copy of the Charter.

- 7b. Provide training for all providers on the CCISC and required implementation activities in the Charter.
- 7c. Provide access to the CCISC implementation toolkit for each provider and access to technical assistance from Office of Delivery Systems Management in the implementation of the requirements in the Charter.
- 7d. Provide training to trainers that are designated by each provider as part of the Charter requirements to furnish ongoing support to the implementation of this initiative.
- 7e. Monitor compliance to ensure that all providers abide by this policy and by the Charter requirements.
8. **Specific Guidance for All Providers.** All providers must:
- 8a. **Implement** the required activities in the Charter.
- 8b. **Develop** quality improvement plans to move toward dual diagnosis capability using the CCISC toolkit as defined in the Charter.
- 8c. **Implement** program specific policies and procedures to initiate the clinical practice requirements defined in the Charter, including specifically ensuring welcoming access to care for all individuals with a co-occurring disorder.
- 8d. **Assign** staff to become certified as trainers by participating in the CCISC train the trainer program.
- 8e. **Monitor** welcoming acceptance of individuals with co-occurring disorders into service and their treatment and supports to ensure compliance with this policy and all requirements of the Charter.
- 8f. **Ensure** that any requirements in the MHRS Standards on providing services to consumers with co-occurring psychiatric and addictive disorders are also followed.
9. **Inquiries.** Questions related to this policy should be addressed to the Office of Delivery Systems Management at (202) 671-2900.

Approved by:

Martha B. Knisley
Director, DMH


(Signature) 9-22-03 (Date)